

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST RICK MI	OFFICE USE ONLY Date Received 06 APR 13 PM 4:48 RECEIVED - CSO Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX HARRIS		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1229 GLENBURY CT ARLINGTON, TX 76006		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 261-0435		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR FIRST ELZIE MI		
	NICKNAME LAST SUFFIX ODOM		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1019 BYRON LANE ARLINGTON, TX 76012		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 265-8804		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03 / 06 / 06 04 / 03 / 06		
11 ELECTION	ELECTION DATE Month Day Year 05 / 13 / 06	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) ARLINGTON CITY COUNCIL, DISTRICT 1	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

RICK HARRIS

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 20.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 795.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 804.07

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

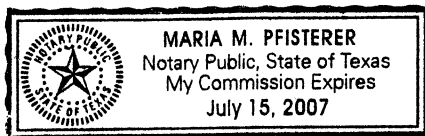
\$ 990.93

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1162.94

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Rick Harris
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RICK HARRIS, this the 13 day of April, 20 06, to certify which, witness my hand and seal of office.

Maria M. Pfisterer
Signature of officer administering oath

MARIA M. PFISTERER
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME

RICK HARRIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/10/06

5 Full name of contributor

☐ out-of-state PAC (ID#:

WM DWIGHT MCKISSIC, SR

7 Amount of
contribution (\$)

600.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

2000 CAINS LANE
MANSFIELD, TX 76063

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/20/06

Full name of contributor

☐ out-of-state PAC (ID#:

ELZIE D. ODOM

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1019 BYRON LANE
ARLINGTON, TX 76012

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/23/06

Full name of contributor

☐ out-of-state PAC (ID#:

GERALD THIEL

Amount of
contribution (\$)

75.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2110 FRANKLIN DRIVE
ARLINGTON, TX 76011

Principal occupation / Job title (See Instructions)

RESEARCH DIRECTOR

Employer (See Instructions)

FORT WORTH CONVENTION & VISITOR'S BUREAU

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule E: 2	
2 FILER NAME RICK HARRIS				3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒					\$ ϕ
5 Date of loan 3/6/06	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) RICK HARRIS			9 Loan Amount (\$) 100.00	
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code 1229 GLENBURY CT ARLINGTON, TX 76006			10 Interest rate ϕ	
				11 Maturity date ϕ	
12 Principal occupation / Job title (See Instructions) HR ASSISTANT MANAGER			13 Employer (See Instructions) LEAR CORPORATION		
14 Description of Collateral <input checked="" type="checkbox"/> none					
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		16 Name of guarantor 			18 Amount Guaranteed (\$)
		17 Guarantor address; City; State; Zip Code 			
19 Principal Occupation			20 Employer		
Date of loan 3/13/06	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) RICK HARRIS			Loan Amount (\$) 20.50	
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code 1229 GLENBURY CT ARLINGTON, TX 76006			Interest rate ϕ	
				Maturity date ϕ	
Principal occupation / Job title (See Instructions) HR ASSISTANT MANAGER			Employer (See Instructions) LEAR CORPORATION		
Description of Collateral <input checked="" type="checkbox"/> none					
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		Name of guarantor 			Amount Guaranteed (\$)
		Guarantor address; City; State; Zip Code 			
Principal Occupation			Employer		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 of 2

2 FILER NAME

RICK HARRIS

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

0

5 Date of loan

4/1/06

7 Name of lender

RICK HARRIS

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

42.44

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

1229 GLENBURY CT
ARLINGTON, TX 76006

10 Interest rate

0

11 Maturity date

0

12 Principal occupation / Job title (See Instructions)

HR ASSISTANT MANAGER

13 Employer (See Instructions)

LEAR CORPORATION

14 Description of Collateral

☒ none

15 GUARANTOR INFORMATION

☒ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation

20 Employer

Date of loan

4/1/06

Name of lender

RICK HARRIS

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

1000.00

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

1229 GLENBURY CT
ARLINGTON, TX 76006

Interest rate

0

Maturity date

0

Principal occupation / Job title (See Instructions)

HR ASSISTANT MANAGER

Employer (See Instructions)

LEAR CORPORATION

Description of Collateral

☒ none

GUARANTOR INFORMATION

☒ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 2

2 FILER NAME

RICK HARRIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/6/06

5 Payee name

CITY OF ARLINGTON

6 Payee address; City; State; Zip Code

101 W. ABRAHAM ST
ARLINGTON, TX 76010

7 Amount (\$)

100.00

8 Purpose of payment (See instructions regarding type of information required.)

FILING FEE

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

3/13/06

Payee name

TARRANT COUNTY COURTHOUSE

Payee address; City; State; Zip Code

100 W. WEATHERFORD
FORT WORTH, TX 76196

Amount (\$)

20.50

Purpose of payment (See instructions regarding type of information required.)

ASSUMED NAME CERTIFICATE

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

3/18/06

Payee name

COMPASS BANK - CLARKE AMERICAN CHK ORDER

Payee address; City; State; Zip Code

2205 N. COLLINS
ARLINGTON, TX 76011

Amount (\$)

39.20

Purpose of payment (See instructions regarding type of information required.)

ORDERED CAMPAIGN CHECKS

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

3/25/06

Payee name

CITY OF ARLINGTON - ODOM REC CENTER

Payee address; City; State; Zip Code

101 W. ABRAHAM
ARLINGTON, TX 76010

Amount (\$)

225.00

Purpose of payment (See instructions regarding type of information required.)

RESERVE FACILITY FOR FUNDRAISER

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <div style="text-align: right; font-size: 1.2em;">2 of 2</div>	
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">RICK HARRIS</div>		3 ACCOUNT # (Ethics Commission filers)	

4 Date <div style="text-align: center; font-size: 1.2em;">3/27/06</div>	5 Payee name <div style="text-align: center; font-size: 1.2em;">OK PAPER</div>	7 Amount (\$) <div style="text-align: center; font-size: 1.2em;">23.97</div>
6 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">2412 E RANDOL MILL RD ARLINGTON, TX 76011</div>		
8 Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center; font-size: 1.2em;">LABELS FOR MAILINGS</div>		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

Date <div style="text-align: center; font-size: 1.2em;">3/28/06</div>	Payee name <div style="text-align: center; font-size: 1.2em;">B & B PRINTING</div>	Amount (\$) <div style="text-align: center; font-size: 1.2em;">274.96</div>
Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">501 SOUTH 5TH AVE MANFIELD, TX 76063</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center; font-size: 1.2em;">FUNDRAISER INVITATIONS, REMIT CARDS, & ENVELOPES</div>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

Date <div style="text-align: center; font-size: 1.2em;">4/1/06</div>	Payee name <div style="text-align: center; font-size: 1.2em;">U.S. POSTAL SERVICE - WATSON STATION</div>	Amount (\$) <div style="text-align: center; font-size: 1.2em;">78.00</div>
Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1975 BALLPARK WAY ARLINGTON, TX 76006</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center; font-size: 1.2em;">STAMPS FOR MAILING INVITATIONS</div>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

Date <div style="text-align: center; font-size: 1.2em;">4/1/06</div>	Payee name <div style="text-align: center; font-size: 1.2em;">U.S. POSTAL SERVICE</div>	Amount (\$) <div style="text-align: center; font-size: 1.2em;">42.44</div>
Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1975 BALLPARK WAY ARLINGTON, TX 76006</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center; font-size: 1.2em;">STAMPS FOR MAILINGS</div>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

RICK HARRIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/6/06

5 Payee name

CITY OF ARLINGTON

6 Payee address; City; State; Zip Code

101 W. ABRAHAM ST
ARLINGTON, TX 76010

8 Amount (\$)

100.00

7 Purpose of expenditure (See instructions regarding type of information required.)

FILING FEE

Reimbursement
from political
contributions
intended

Date

3/13/06

Payee name

TARRANT COUNTY COURTHOUSE

Payee address; City; State; Zip Code

100 W. WEATHERFORD
FORT WORTH, TX 76196

Amount (\$)

20.50

Purpose of expenditure (See instructions regarding type of information required.)

ASSUMED NAME CERTIFICATE

Reimbursement
from political
contributions
intended

Date

4/1/06

Payee name

US POSTAL SERVICE

Payee address; City; State; Zip Code

1975 BALLPARK WAY
ARLINGTON, TX 76006

Amount (\$)

42.44

Purpose of expenditure (See instructions regarding type of information required.)

STAMPS FOR MAILINGS

Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

